

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 564241

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16		1				
17	1					
18		1				
19						
20						
21						
22						
23						
24	1					
25		1				
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36		1				
37	1					
38	1					
39	1					
40	1					
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	7		1		1	
TOTAL DEP.	33	1	1	1	1	1
TOTAL CLAIMS	40	1	1	1	1	1

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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95						
96						
97						
98						
99						
100						
TOTAL IND.		1	1	1	1	1
TOTAL DEP.		1	1	1	1	1
TOTAL CLAIMS		1	1	1	1	1